



# Vivienne Evans OBE

Ten years ago, the ACMD published *Hidden Harm* a landmark report on the impact of parental drug use on children. We asked Vivienne Evans OBE, Chief Executive of Adfam, to what extent children's lives have been improved since. Interview by Harry Shapiro

## Can you explain Adfam's role in the Hidden Harm agenda?

Adfam was originally set up by the mother of a heroin user and at that time the main focus was mutual aid and peer support, usually for parents whose son or daughter was a heroin user. Over the years, there has been an increasing awareness of the impact that drug misuse can have on other people, not just on the individual. From Adfam's perspective, once we became an umbrella body, I was very keen that we broadened the focus and that inevitably involved child protection – for example, we were training workers on the Family Interventions Programme (which the later Troubled Families programme built on), raising awareness of drug issues and how they related to child protection.

## What were the limitations of the Hidden Harm report?

It is important to say that this was an area that had never received any attention and it wasn't just about those children on the 'at risk' register. But because of the ACMD remit, it was squarely focused on drugs, whereas of course now, alcohol has very much come

up the agenda. That said, you could argue that focussing on drugs was a big enough project in itself and it made the work more contained in the terms of the development process. And there was specifics about drugs that could directly impact on children; being in an environment of illegal activity, drug dealing, violence and so on.

But I've always taken the view that the biggest problem for children is neglect; chaotic household, lack of attention because the parents are focussed on other things – fractured parenting.

And there is a view that the actual substance is really of secondary importance; children themselves don't make the distinction between the behaviours associated with drugs or alcohol.

## There was a follow-up report three years later, wasn't there?

Yes, I chaired that, but to be honest I think it was too soon. When Mao Tse Tung was asked about the impact of the French Revolution he said it was too early to tell! So ten years would have been better, which is what we asked for in the report we published this year:

*Parental substance misuse; through the eyes of the worker.*

## So what has been the impact of Hidden Harm in your view?

It is very hard to say. It had the clout and the resources to present a national picture of around 250,000 children affected by parental drug use, but it hasn't been updated. There has been a lot of work going on in this area with reports from The Children's Society, Alcohol Concern, Addaction, 4 Children, Turning Point and the NSPCC. But none of this has had the broad, robust and independent scope of *Hidden Harm* because as you would expect, these reports focus on the constituents of the agency concerned.

## So we don't have much of an idea where we are now in terms of figures?

That's right – and alcohol muddies the waters as to what is or isn't a significant impact – how much parental drinking is too much? During its time, the NTA were getting much better at releasing parental

data from NDTMS, but the calculation on affected children was rather 'back of envelope' – how many people in treatment, what the average number of children they are likely to have plus some Donald Rumsfeld knowns and unknowns, including all those parents not in treatment and the impact of alcohol.

The issue is of interest to a lot of different organisations and professional groups, but one of the reasons it didn't really get off the ground was that there was no national lead. And although the government accepted all the recommendations bar three, one of those it rejected was the one about pre-qualification for social workers, which is pretty crucial and if it had been accepted, would most likely to have had the biggest impact over the long term for the largest group of professionals coming into contact with families.

And you have to ask the question, 'where does it sit now?' Department for Education? Department of Health? Communities and Local Government with the Troubled Families brief? It is everybody's business, but nobody's responsibility. The work needs to be driven from the highest possible level, with an embedded culture and training otherwise it is left to individual champions at a local level and the personal and professional relationship they develop. If they leave, there is no guarantee that whoever comes next will be willing to step into their shoes.

### **So is there any good news?**

It would be churlish to say that nothing is happening, although we do often fall back on the same examples of good practice. In particular, identification of children at risk has got much better and those who work in drug and alcohol services who we have spoken to say that they do now have a child safeguarding focus and that family work has become part of their work rather than 'somebody else's' and they are prepared to ask the difficult questions and deal with the answers, whether its referral or developing in-house parenting programmes. They are more confident about dealing with the issues

### **To what extent do you think that this has come about because of all the anxieties about child safety in recent years?**

The Lord Laming report into Victoria Climbié came in the same year as *Hidden Harm* and there is no doubt that all the various terrible incidents since like Baby P have highlighted safeguarding issues.

If you look at the people who came on our courses – working with complex families – they came from schools, social work, childrens' centres and probation as well as drugs workers. Ten years ago, it would probably have just been drugs workers.

There have been lots of structural changes, central guidance on working together to safeguard children. Since the Coalition came to power, there have been a lot of initiatives and *Hidden Harm* touches on a number of popular governmental priorities. But it is never mentioned specifically or centrally which is very frustrating.

If you look at the Troubled Families initiative for example, when it began the issues it covered were very broad including substance misuse. But by the time it was whittled down to the PBR scheme it became, it was all about school attendance, getting a job and reducing anti-social behaviour. Substance misuse was relegated to an optional local extra.

### **The Department for Communities and Local Government have been quoted as saying that it is 'incredibly hard for families to start unravelling their problems'. Which poses the question, what is the role of recovery in all this?**

We're got some funding from Alcohol Research UK for some scoping work around the idea of 'what does recovery mean for children?' The premise is that children who grow up in a family with substance misuse problems, where there is inconsistent parenting, get used to coping and can become quite resilient. They become attuned to the family dynamic that exists. Then if one or both parents are in recovery, the dynamic changes. The child may be dealing with a 'new person', somebody who is

now trying to impose boundaries and discipline, but who may also relapse. So how do children deal with this new situation? How do they understand lapse and relapse? Any change in parenting, even positive, can be very confusing for children.

### **How do you deal with the potential organisational tensions of focussing on child protection and development while at the same time not stigmatising parents as 'bad people'?**

This piece of work helps that because we will be speaking directly to young people themselves about the lives they are leading, so that will provide the evidence base for what we want say. Organisationally, Adfam starts with the family member and their experiences, so that isn't really a tension for us. But there is a tension in the whole *Hidden Harm* agenda; family focussed treatment which addresses parenting skills is not the same as supporting children. Their needs are not necessarily in parallel and you can't assume that improvements in one will be reflected in improvement in the other. So for example, if a parent's recovery is going well, but they are struggling to regain the parenting role, that can have a detrimental impact on the child.

Supporting parents in treatment is reasonably well-developed with a variety of different programmes, but work supporting children is patchy, under-developed and under-resourced.

### **So what is the way forward?**

It's what we've been saying for years; parental drug and alcohol use is mixed in with so many other vulnerabilities, that nothing other than a whole partnership approach will actually get it done and that needs leadership both at a national and local level. Just knowing what else is available is a basic professional training issue, but it rarely happens.

Most of the delegates at our *Hidden Harm* conference were social workers, which from our point of view was great; it is clearly a concern for social work. But the challenge remains to bring social work and drug/alcohol work together.